

## Nondiscrimination and Free and Reduced-Price Policy Statement (Non-Pricing Program)

1. The \_\_\_\_\_ assures the Montana  
Department of  
(Name of Institution)

Public Health and Human Services/Early Childhood Services Bureau/Child and Adult Care Food Program (the State agency) that all children at the institution(s) described on the application forms are served the same meals at no separate charge regardless of race, color, national origin, sex, age, or disability and there is no discrimination in the course of the meal service.

2. As a new applicant for participation or a renewing institution, I understand that the State agency will issue an annual news release in the appropriate regional newspaper for my location. I will be notified by the State agency via the CACFP Newsletter when these ads have been placed.

\_\_\_\_\_  
Date  
Authorized Signatory and Title

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

State agency use only

State agency approval: Yes \_\_\_\_ No \_\_\_\_

State agency initials \_\_\_\_